TELLING OUR STORY:
NEW HAMPSHIRE'S COMMUNITY BENEFITS

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Where Did This Report Come From?

- Section D. Partnering with communities-the importance of communities in the Health Care System.
  - "District Council members and participants in the planning process frequently stressed the need for making the voice and needs of the community an integral part of the evolving health care system."

The NH Health Care System: Guidelines for Change (1998).

Recommendation 27

- "Develop operational standards for community benefits (with representatives from communities, non-profit providers, and representatives from the Insurance Department and the Office of the Attorney General) that reflect community values."

  The NH Health Care System: Guidelines for Change (1998).

The Central Role of the Community Assigned by SB69:

"…to ensure that the health care charitable trusts provide the communities they serve with benefits in keeping with the charitable purposes for which the trusts were established and in recognition of the advantages the trusts enjoy.

Each Community is unique and its particular health care problems, and needs should be examined… community benefits…should be directed to that community."

Report Purpose

To increase public access, awareness and understanding of the information contained in the community benefit plans.

1. Identify linkages between local need, community engagement and programs .
2. Identify exemplary practices and prepare case studies of notable examples.
3. Hold a statewide conference.

Four Areas of Inquiry

1. Identify sources of data and information to identify unmet health care need.
2. Assess linkages between health needs and services/activities supported by the health care charitable trusts.
3. Identify exemplary practices.
4. Examine alternative approaches to refine and improve the current community benefit legislation and practices in the field.

Three Sources of Information

- 75 Community Benefit Plans submitted in 2000-2001
- 21 District Council meetings in Fall 2001- Spring 2002
- Telephone interviews and 7 site visits in Fall 2002 to select exemplary practice sites.

Limitations

- Community benefit plans provide only a snapshot of health needs and services in New Hampshire.
- First year filings.
- Lack of uniform definitions and methods
- Differences in roles and perceptions of trusts
- Nature of community involvement

Identified Needs

Type of Need	Identified Needs
Access	**87**
HC Support Services	**57**
Prevention/Health Ed.	**110**
Medical Research	**3**
GME/Provider Training	**9**
Health-Related Activities	**70**
Community Development	**86**
Totals	**422**

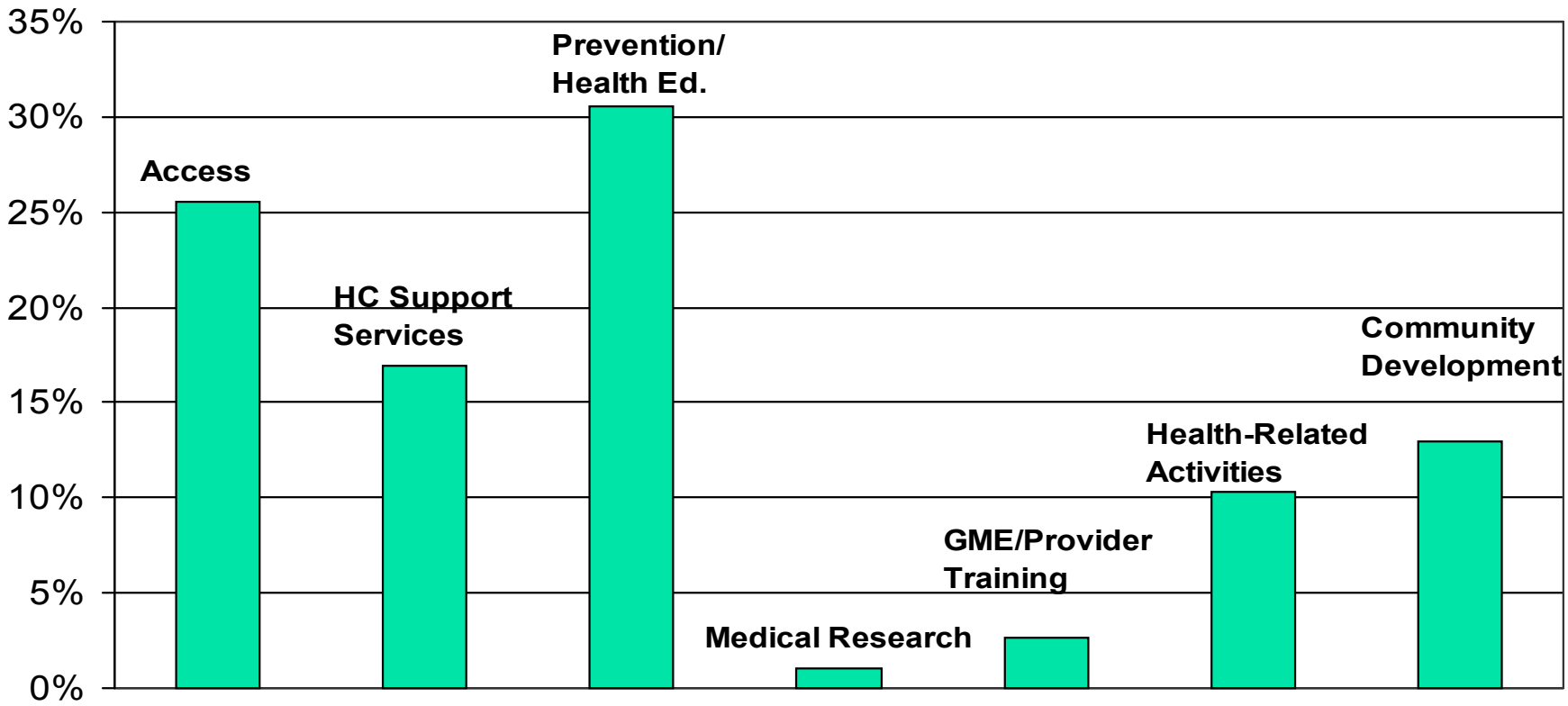
Needs Addressed by Services

Type of Need	Identified Needs	Addressed by Services
Access	**87**	**76**
HC Support Services	**57**	**51**
Prevention/Health Ed.	**110**	**92**
Medical Research	**3**	**3**
GME/Provider Training	**9**	**8**
Health-Related Activities	**70**	**32**
Community Development	**86**	**39**
Totals	**422**	**301**

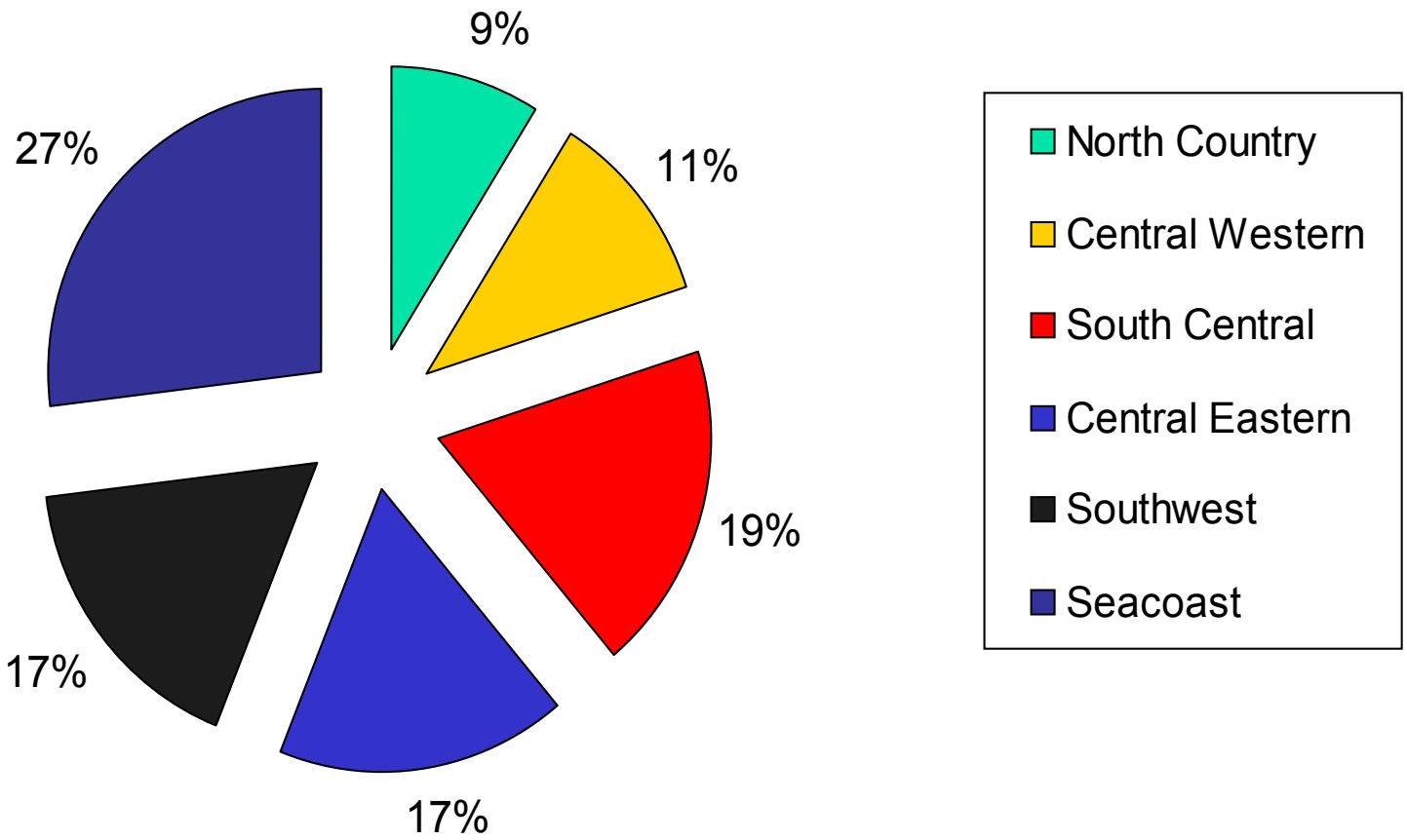
Needs Not Addressed by Services

Type of Need	Identified Needs	Addressed by Services	Not Addressed
Access	**87**	**76**	**11**
HC Support Services	**57**	**51**	**6**
Prevention/Health Ed.	**110**	**92**	**18**
Medical Research	**3**	**3**	**0**
GME/Provider Training	**9**	**8**	**1**
Health-Related Activities	**70**	**32**	**38**
Community Development	**86**	**39**	**47**
Totals	**422**	**301**	**121**

Percent of Service Programs



HCCTs by Region



Service By HCCTs

Types of Needs	Service Programs by Hospitals	Service Programs by All Other HCCTs	Totals
1. Access	47	29	76
2. Health Care Support Services	24	27	51
3. Prevention/Health Education	57	35	92
4. Medical Research	3	0	3
5. GME/Provider Training	2	6	8
6. Health-Related Activities	15	17	32
7. Community Development	13	26	39
Totals all categories	**161**	**140**	**301**

Program Targeting

SERVICES / ACTIVITIES	POPULATIONS TARGETED				
	Community At Large	Low Income	Vulnerable Population	Other Populations	Totals
1. Prevention/Health Education	35	5	28	24	92
2. Access	29	22	18	7	76
3. Health Care Support Services	20	7	19	5	51
4. Community Development	24	0	15	0	39
5. Health-Related Activities	6	5	17	4	32
6. GME/Provider Training	4	0	2	2	8
7. Medical Research	3	0	0	0	3
Totals all categories	**121**	**39**	**99**	**42**	**301**

Exemplary Practices

- Greater Exeter Area Community Benefit Collaborative
- Community Health Improvement Collaborative
- Concord Region
- Greater Keene Region
- Greater Peterborough Region
- Community Benefit Task Force

Common Characteristics of Exemplary Practices

- **Broad and Inclusive Participation**
  - **History of Community Collaboration**
  - **Broad Community Input Solicited**
  - **Advocacy Groups Involved**
  - **HCCT Board member involvement**
  - **Community Benefits "Champion"**

Common Characteristics of Exemplary Practices

- **Organization and Procedures**
  - **A Collaborative Team Approach**
  - **Rules of Engagement Defined**
  - **Commitment to Develop a Plan**
  - **Process as Important as Product**
  - **Administrative Services Provided**
  - **Shared Costs**
  - **Accurate Tracking of Benefits**

Common Characteristics of Exemplary Practices

- **The Process for Ranking Needs**
  - **Realistic and Practical**
  - **Built on Consensus**
  - **Focused on Needs that Required Community Response**
  - **Common Indicators**

Common Characteristics of Exemplary Practices

- **The Process for Choosing the Services**
  - **Remained True to the Mission**
  - **Increased Community Awareness**
  - **Broad Recognition and Ownership of the Plan**

Recommendations

- The Attorney General's Office and the Department of Health and Human Services, together with representatives from the HCCTs, should convene a workgroup to revise the reporting form. The revised form should include essential data elements and be designed to emphasize and promote a standard and uniform way to record the information.
- The DHHS should provide baseline epidemiological data that all communities can easily use in preparing their needs assessments.
- The Legislature should lengthen the time between needs assessments from 3 to 5 years.
- The Attorney General's Office and the DHHS should continue to hold regional and statewide meetings with the HCCTS.